Investing in human resources for health: the need for a paradigm shift

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Development partner strategies and support in the area of human resources for health (HRH) have been shaped by key reports and events over the past decade. Since 2004, when The Lancet published the Joint Learning Initiative’s call to overcome the HRH crisis,3 the global health community has been trying to address the critical issues surrounding HRH. The 10-year action plan on HRH proposed in The world health report 20064 and the establishment in the same year of the Global Health Workforce Alliance have drawn unprecedented attention to HRH. Thanks to a growing body of evidence,3 HRH issues have gradually made their way into the global health arena. Consensus has emerged on the “power of health workers” and their critical importance to health system strengthening and disease control programmes.2

Increased international resources have flowed towards HRH over the past decade, either directly through targeted HRH funds or indirectly through programmes for disease control or health system strengthening. In some countries, development partners have contributed to the achievement of tangible results. Rwanda’s performance-based payment to health workers and Ethiopia’s health extension programme have both been heralded as successes.1 In spite of these efforts, however, global investment in HRH has suffered setbacks that have undermined its effectiveness and impact. Such investment remains uncoordinated and unmonitored. International programmes have had limited success in Africa coming from both public and private sources and the number of private medical and nursing schools rising in developing countries, this approach is outdated. The recent labour market analysis7 lends support to a comprehensive approach to integrating supply and demand, the public and private sectors, and health and other critically important sectors. Unless the investment aligns with this integrated approach, it will only partially address the overall problem.

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